

**Middlesex County Public Schools
Law Enforcement Reporting Form**



Directions: Any offense that is identified under §22.1-279.3:1 (A) Code of Virginia (see Reference Table 2007-2008) must be reported to law enforcement. This reporting form is available to assist schools in the reporting of such offenses.

Today's date: ____/____/____
 Month Day Year

Incident School: _____

Incident Division: _____

Incident Date: _____ **Incident Code:** _____

Incident Location: _____ **Time of Incident:** _____

Description of Incident: _____

Recipients

Check Recipient(s)

Superintendent____ Principal____ Assistant Principal____ Law Enforcement____

Total number of offenders Involved in the Incident: _____ *

*** If more than one offender is involved in the incident, use extra page for reporting purposes**

Offender A

Student Information:

Student Name _____ DOB _____ Local Student ID _____

Student Grade _____ Name of Parent/Guardian Contacted _____

Telephone number of parent/guardian _____ Race/Ethnicity _____ Offense Code _____

Special Education ____ Yes ____ No Enrolled Division: _____ Enrolled School _____

Reporting Authority

Person Reporting Incident: Name _____

Telephone _____ E-mail _____

Place an X in the appropriate box: Administrator ☐ Law Enforcement Officer or SRO ☐

Signature _____ Date _____

*For School Use only-not required to be provided to law enforcement
(May be shared, if requested)*

Required Offenses to be reported to Law Enforcement

Alcohol (AL1)

- AC1** - Alcohol Use
- AC2** - Alcohol Possession
- AC3** - Alcohol Sale or Distribution

Assault/Battery

- BA1** - Assault/Battery with firearm or other weapon against staff
- BA2** - Assault/Battery without any weapon against staff
- BA3** - Assault/Battery with firearm or other weapon against student
- BA4** - Assault/Battery without any weapon against student
- BA5** - Malicious wounding without a weapon

Chemical Biological (BB1)

- BO1** - Bomb threat
- BO2** - Chemical or biological threat
- BO3** - Terrorist threat
- BO4** - Setting off a false fire alarm

Drug Violations

- DG7** - Marijuana Use
- DG8** - Marijuana possession
- DG9** - Marijuana sale or distribution
- DG1** - Schedule I & II Use
- DG2** - Schedule I & II Possession
- DG3** - Schedule I & II Sale or distribution
- D10** - Other Drug Use/ Overdose
- D11** - Other Drug Possession
- D12** - Other Drug Sale or distribution
- D11** - Paraphernalia Possession
- D16** - Inhalants use
- D15** - Inhalants possession
- D17** - Substances represented as drug look alike
- D20** - Anabolic steroid use and possession
- D19** - Anabolic steroid sale or distribution
- DR3** - Theft or attempted theft of prescription medication

Homicide

- HO1** - Homicide of a staff member with a firearm
- HO2** - Homicide of a staff member with a weapon
- HO3** - Homicide of a student member with a firearm
- HO4** - Homicide of a student member with a weapon

Stalking

- ST1** - Stalking

Sexual Offenses

- SB1** - Sexual battery against staff
- SB2** - Sexual battery against a student
- SX3** - Sexual assault of staff (rape)
- SX4** - Sexual assault of student (rape)
- SX5** - Attempted sexual assault of staff (attempted rape)
- SX6** - Attempted sexual assault of s student (attempted rape)
- SX7** - Sexual Offense with or without force
- SX7** - Lewd behavior/indecent exposure
- SX8** - Aggravated Sexual Battery against student less than 15

Threats/Verbal/Physical

- TI1** - Threat/intimidation Vs staff/ physical/verbal

Weapons

- WP0** - Pneumatic weapon (BB, pellet, or paint ball gun)
- WP1** - Weapon handgun/pistol
- WP2** - Weapon Shotgun/Rifle
- WP4** - Weapon that expels a projectile
- WP5** - Knife 3 inches or more
- WP6** - Possession of explosive device/ with live ammunition
- WP7** - Use of a bomb or explosive device
- WP8** - Zip, starter, flare gun
- WP9** - Other weapons

Optional page for additional offenders

Offender B

Student Information:

Student Name _____ DOB _____ Local Student ID _____

Student Grade _____ Name of Parent/Guardian Contacted _____

Telephone number of parent/guardian _____ Race/Ethnicity _____ Offense Code _____

Special Education ___ Yes ___ No Enrolled Division: _____ Enrolled School _____

Offender C

Student Information:

Student Name _____ DOB _____ Local Student ID _____

Student Grade _____ Name of Parent/Guardian Contacted _____

Telephone number of parent/guardian _____ Race/Ethnicity _____ Offense Code _____

Special Education ___ Yes ___ No Enrolled Division: _____ Enrolled School _____

Offender D

Student Information:

Student Name _____ DOB _____ Local Student ID _____

Student Grade _____ Name of Parent/Guardian Contacted _____

Telephone number of parent/guardian _____ Race/Ethnicity _____ Offense Code _____

Special Education ___ Yes ___ No Enrolled Division: _____ Enrolled School _____

Instructions for Completing Optional Law Enforcement Reporting Form

Today's Date	The month, day and year the data form is filled out.
Incident School	The state-assigned four-digit school number for the school where the incident occurred.
Incident Division	The state-assigned three-digit division number for the school division where the incident occurred.
Incident Date	The date that the incident occurred.
Incident Code	A unique code of not more than ten characters, locally assigned within a school to identify an incident.
Incident Location	The exact place where the incident took place (Example: room 105).
Time of Incident	The exact time in AM or PM hours the incident occurred OR the state-assigned time element code (Example: 8:00 a.m. or time element 01 – during the school day).
Description of Incident	A narrative that will describe the details of what happened during the incident.
Recipients	Indicate with a check mark the appropriate personnel that should receive a copy of the form.
Total Number of Offenders Involved in the Incident	Provide the number of offenders (students, non-students and unknown individuals) that are involved in the incident.
<u>Student Information</u>	
Student Name	The student's given name. If the offender is a non-student or unknown individual, indicate NS for non-student and UN for unknown.
Date of Birth	The date of birth for the student. Enter the month, day and year. It may be left blank for non-students and unknown offenders.
Local Student ID	A unique identifier locally assigned within a school to provide confidential identification of a specific student. It may be left blank for non-students and unknown offenders.
Student Grade	A student's enrolled grade at the time of the incident. It may be left blank for non-students and unknown offenders.

Name of Parent/Guardian Contacted and Telephone Number	The name of child's parent or legal guardian and their telephone number. It may be left blank for non-students and unknown offenders.
Race/Ethnicity	The racial/ethnic category used to describe the group to which a student belongs. It may be left blank for non-students and unknown offenders.
Offense Code	All state-required offenses which must be reported to law enforcement.
Special Education Indicator Yes/No	Indicate either yes or no if a student is special education. It may be left blank for non-students and unknown offenders.
Enrolled Division	The state-assigned three-digit division number for the school division where the student is officially enrolled in school. It may be left blank for non-students and unknown offenders.
Enrolled School	The state-assigned four-digit school number for the school where the student is officially enrolled. It may be left blank for non-students and unknown offenders.
<u>Reporting Authority</u> Person Reporting Incident Name	The name of the person authorized to report the incident to law enforcement.
Telephone	The telephone number including the area code of the person authorized to report the incident.
E-mail	The e-mail address of the person authorized to report the incident. This is optional if not available.
Title	Indicate the appropriate title (Administrator, Law Enforcement Officer or SRO).
Signature	The signature of the reporting authority.
Date	Date that the form is signed.